County: Wood RIVERVIEW MANOR P. O. BOX 8080 WISCONSIN RAPIDS

WI SCONSI N RAPI DS 54495 Phone: (715) 421-7468		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	115	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	118	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	106	Average Daily Census:	109

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 8
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	0. 0	Under 65	3. 8	1 - 4 Years More Than 4 Years	37. 7 25. 5
Day Services	No	Mental Illness (Org. /Psy)	26. 4	65 - 74	3.8		£3. 3
Respite Care	No	Mental Illness (0ther)	2. 8	75 - 84	31. 1	I	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51. 9	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1. 9	95 & 0ver	9. 4	Full-Time Equivalent	
Congregate Meals	No	Cancer	1. 9			Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	6. 6		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	11. 3	65 & 0ver	96. 2		
Transportati on	No	Cerebrovascul ar	13. 2	[']		RNs	12. 0
Referral Service	No	Di abetes	2.8	Sex	%	LPNs	5. 4
Other Services	No	Respi ratory	5. 7		· Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	27.4	Male	26.4	Ai des, & Orderlies	48. 4
Mentally Ill	No			Femal e	73.6		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	1	11. 1	224	4	5. 4	118	0	0.0	0	2	8. 7	158	0	0. 0	0	0	0. 0	0	7	6. 6
Skilled Care	8	88. 9	224	65	87.8	101	0	0.0	0	19	82.6	148	0	0.0	0	0	0.0	0	92	86. 8
Intermedi ate				5	6.8	84	0	0.0	0	2	8. 7	135	0	0.0	0	0	0.0	0	7	6.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100. 0		74	100.0		0	0.0		23	100.0		0	0.0		0	0.0		106	100.0

Deaths During Reporting Period	
Percent Admissions from: Activities of % Assistance of % Totally Number of	
The vacc home, no nome hearth of a party briting (hol) independent one of two start bependent west dente	
Private Home/With Home Health 0.0 Bathing 12.3 65.1 22.6 106	
0ther Nursing Homes 5.1 Dressing 12.3 70.8 17.0 106	
Acute Care Hospitals 90.8 Transferring 24.5 57.5 17.9 106	
Psych. Hosp MR/DD Facilities 0.5 Toilet Use 23.6 58.5 17.9 106	
Rehabilitation Hospitals 0.0 Eating 55.7 30.2 14.2 106	
0.5 ***********************************	**
Total Number of Admissions 196 Continence % Special Treatments %	
Percent Discharges To: Indwelling Or External Catheter 6.6 Receiving Respiratory Care 29.2	
Private Home/No Home Health 51.8 Occ/Freq. Incontinent of Bladder 58.5 Receiving Tracheostomy Care 0.9	
Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 35.8 Receiving Suctioning 3.8	
Other Nursing Homes 2.6 Receiving Ostomy Care 6.6	
Acute Care Hospitals 8.2 Mobility Receiving Tube Feeding 6.6	
Psych. Hosp MR/DD Facilities 0.0 Physically Restrained 50.0 Receiving Mechanically Altered Diets 38.7	
Rehabilitation Hospitals 0.0	
Other Locations 8.2 Skin Care Other Resident Characteristics	
Deaths 29.2 With Pressure Sores 7.5 Have Advance Directives 88.7	
Total Number of Discharges With Rashes 29.2 Medications	
(Including Deaths) 195 Receiving Psychoactive Drugs 48.1	

	Thi s		lospi tal -		Al l
	Facility	Based Fa	cilities	Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92. 4	88. 1	1. 05	84. 6	1.09
Current Residents from In-County	92. 5	83. 9	1. 10	77. 0	1. 20
Admissions from In-County, Still Residing	17. 3	14. 8	1. 17	20. 8	0.83
Admissions/Average Daily Census	179. 8	202. 6	0. 89	128. 9	1. 39
Discharges/Average Daily Census	178. 9	203. 2	0. 88	130. 0	1. 38
Discharges To Private Residence/Average Daily Census	92. 7	106. 2	0. 87	52. 8	1. 76
Residents Receiving Skilled Care	93. 4	92. 9	1. 01	85. 3	1. 10
Residents Aged 65 and Older	96. 2	91. 2	1. 05	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	69. 8	66. 3	1. 05	68. 7	1. 02
Private Pay Funded Residents	21. 7	22. 9	0. 95	22. 0	0. 99
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	29. 2	31. 3	0. 93	33. 8	0. 87
General Medical Service Residents	27. 4	20. 4	1. 34	19. 4	1.41
Impaired ADL (Mean)*	46. 4	49. 9	0. 93	49. 3	0. 94
Psychological Problems	48. 1	53. 6	0. 90	51. 9	0. 93
Nursing Care Required (Mean)*	15. 3	7. 9	1. 93	7. 3	2.09